

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010462

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

326

STATE FILE NUMBER

FILED MAR 18 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 62yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 6019 Gordon	
3. NAME OF DECEASED (Type or print) First Michael Middle (Kasprzak) Last Casper		4. DATE OF DEATH Month March Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 15, 1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 79 Days 79 Hours 79 Min. 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Laborer		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co	
11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Michael Kasprzak		13b. MOTHER'S MAIDEN NAME Mary (Unknown)	
14. NAME OF HUSBAND OR WIFE Katherine Casper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Katherine Casper-6019 Gordon	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Chronic Bronchitis with Pulmonary Emphysema			
DUE TO (c) Diabetic Militis-Nephrosclerosis with Uremia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peripheral Arteriosclerosis with impending gangrene			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) of toes	
20c. TIME OF INJURY Hour 2:00 a Month, Day, Year 3/4/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo	
20g. COUNTY Buchanan		20h. STATE Mo	
21. I attended the deceased from 1/5/62 to 3/4/63 and last saw her alive on 3/8/63 Death occurred at 2:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter H. Christ		22b. ADDRESS 6106 King Hill St Joseph, Mo	
22c. DATE SIGNED 3/13/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE Mar. 11, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		23e. (State) Mo	
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. Mar. 13, 1963	
26. REGISTRAR'S SIGNATURE [Signature]		26. REGISTRAR'S SIGNATURE Wm. Clark Handell	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

M.H. Christ, Medical Certification

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

15717

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50-10-002

MAR 18 1963

APR 9 1963

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Permit issued 3-9-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John E. Papp

Licensed Embalmer No. 3986

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.